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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	P3094
First Inventor or Application Identifier	Koch, Earl
Title	Temporary Ramp
Express Mail Label No.	EL515100410US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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- ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 14]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
- Oath or Declaration [Total Pages 18]
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Copy
 - ☐ Paper Copy (identical to computer copy)
 - ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
13. <input checked="" type="checkbox"/> * Small Entity Statement(s) (PTO/SB/09-12)	<input type="checkbox"/> Statement filed in prior application, Status still proper and desired
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other:	

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____
Prior application information: Examiner _____		Group / Art Unit: _____	

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below			
(Insert Customer No. or Attach bar code label here)					
Name	Rockey, Milnamow & Katz, Ltd.				
Address	Two Prudential Plaza 47th Floor				
City	Chicago	State	IL	Zip Code	60601
Country	USA	Telephone	(312) 616-5400	Fax	(312) 616-5460

Name (Print/Type)	H. Vincent Harsha	Registration No. (Attorney/Agent)	18,045
Signature		Date	4-19-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Complete if Known</th> </tr> <tr> <td style="width: 50%;">Application Number</td> <td>Not yet assigned</td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Kock, Earl</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>P3094</td> </tr> </table>	Complete if Known		Application Number	Not yet assigned	Filing Date	Herewith	First Named Inventor	Kock, Earl	Examiner Name		Group / Art Unit		Attorney Docket No.	P3094
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TOTAL AMOUNT OF PAYMENT	(\$ 372.00)														

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																																																																																															
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number </p> <p>Deposit Account Name </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<h3>3. 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EXTRA CLAIM FEES</h3> <p>Total Claims 23 - 20** = 3 × 9 = 27.00</p> <p>Independent Claims 1 - 3** = × = </p> <p>Multiple Dependent × = </p> <p><small>**or number previously paid, if greater; For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2) (\$27.00)</td> </tr> </tbody> </table>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	690	201	345	Utility filing fee	345.00	106	310	206	155	Design filing fee		107	480	207	240	Plant filing fee		108	690	208	345	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1) (\$345.00)					Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	78	202	39	Independent claims in excess of 3		104	260	204	130	Multiple dependent claim, if not paid		109	78	209	39	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$27.00)					<h3>3. 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late filing fee or oath		127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		139	130	139	130	Non-English specification		147	2,520	147	2,520	For filing a request for reexamination		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		115	110	215	55	Extension for reply within first month		116	380	216	190	Extension for reply within second month		117	870	217	435	Extension for reply within third month		118	1,360	218	680	Extension for reply within fourth month		128	1,850	228	925	Extension for reply within fifth month		119	300	219	150	Notice of Appeal		120	300	220	150	Filing a brief in support of an appeal		121	260	221	130	Request for oral hearing		138	1,510	138	1,510	Petition to institute a public use proceeding		140	110	240	55	Petition to revive - unavoidable		141	1,210	241	605	Petition to revive - unintentional		142	1,210	242	605	Utility issue fee (or reissue)		143	430	243	215	Design issue fee		144	580	244	290	Plant issue fee		122	130	122	130	Petitions to the Commissioner		123	50	123	50	Petitions related to provisional applications		126	240	126	240	Submission of Information Disclosure Stmt		581	40	581	40	Recording each patent assignment per property (times number of properties)		146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))		149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))		Other fee (specify) _____						Other fee (specify) _____						* Reduced by Basic Filing Fee Paid				
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	H. Vincent Harsha	Registration No. (Attorney/Agent)	18,045
Signature		Telephone	309-797-0864
		Date	4-19-00

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Utility Patent Application Transmittal
Fee Transmittal
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